



RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: MCT.010700US (MUEI-0336.00/US)
Date: April 2, 2002

FGP:dlc

The Patent and Trademark Office date stamp sets forth the receipt date (or both the receive date and the serial no.) of a patent application identified as follows:

Applicant: Matthew G. Howell
Serial No.: 08/987,005
Filing Date: December 8, 1997
Title: METHOD FOR MANAGING CABLES

1. CPA (duplicate);
2. Check in the amount of \$740; and
3. Postcard.



RECEIVED
APR 09 2002
Trop, Pruner, & Hu, P.C.

TROP, PRUNER & HU, P.C.

12362

4008 Commissioner of Patents
04/01/02 Continuing Prosecution
Application Filing Fee
(MCT.010700US)

PT0001

740.00

740.00

Part #30
SN 08/987,05

04/01/02 12362 Gross: 740.00 Ded: 0.00 Net: 740.00

TROP, PRUNER & HU, P.C.
8554 KATY FREEWAY, SUITE 100
HOUSTON, TX 77024
(713) 468-8880

SOUTHWEST BANK
P.O. BOX 27459
HOUSTON, TX 77227-7459
35-1125/1130

12362

DATE 04/01/02 AMOUNT *****\$740.00

*** SEVEN HUNDRED FORTY & 00/100 DOLLARS

PAY
TO THE
ORDER
OF

Commissioner of Patents
Washington DC 20231

[Signature]
AUTHORIZED SIGNATURE

⑈012362⑈ ⑈113011258⑈ ⑈0003145158⑈

RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attn: Pocket No.: MCT.010700US (MUEI-0336.00/US,
Date: April 2, 2002

FGP:dlc

The Patent and Trademark Office date stamp sets forth the receipt date (or both the receive date and the serial no.) of a patent application identified as follows:

Applicant: Matthew G. Howell
Serial No.: 08/987,005
Filing Date: December 8, 1997
Title: METHOD FOR MANAGING CABLES

1. CPA (duplicate);
2. Check in the amount of \$740; and
3. Postcard.



EL 732849968 US



**POST OFFICE
TO ADDRESSEE**

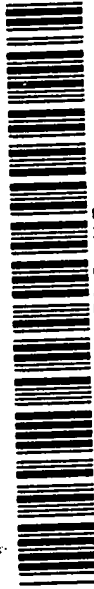
ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery First Second	Delivery Attempt	Time
Date in	Postage	Mo. Day	AM PM
4/02/02	\$ 12.45	Delivery Attempt	Time
Time of	Return Receipt Fee	Mo. Day	AM PM
12 Noon 3 PM		Delivery Date	Time
Mo. Day	3rd Day 3rd Day	Mo. Day	AM PM
Weight	Int'l Alpha Country Code	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
lbs. oz.	COD Fee Insurance Fee	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	
No Delivery	Acceptance Clerk Initials	Customer Signature	
Weekend Holiday	Total Postage & Fees		
	\$		
CUSTOMER USE ONLY		Priority Agency Acct. No. or Postage Service Acct. No.	
METHOD OF PAYMENT		TO: (PLEASE PRINT)	
Express Mail Concurrence Acct. No.		PHONE ()	
X770127		BOX CPA	
FROM: (PLEASE PRINT)		COMMISSIONER FOR PATENTS	
TROP PRIMER & HU		WASHINGTON	
8554 KATY FWY STE 100		DC 20231-0001	
HOUSTON TX 77024-1805			
PRESS HARD.		www.usps.com	
You are missing a piece		FOR PICKUP OR TRACKING CALL 1-800-222-1811	



**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE®

**POST OFFICE
TO ADDRESSEE**



EL 732849968 US

Customer Copy
Label 11-F August 2000

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code 77005	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second
Date 4-2-02	Time In 11:15 AM
Weight 0.5	Insurance Fee \$ 12.45
Flat Rate Envelope <input type="checkbox"/>	Postage \$ 12.45
Return Receipt Fee <input type="checkbox"/>	COD Fee \$ 1.00
2nd Day <input type="checkbox"/> 1st Day <input type="checkbox"/> 3rd Day Initial Alpha Country Code	Total Postage \$ 13.45
Acceptance City Houston	Initials F.P.
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature F.P.
CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. 877121	

FROM: (PLEASE PRINT)
FRED C. PRUNK, JR.
KROP PRUNK & HU
354 KATY HWY STE 100
HOUSTON TX 77024-1805

TO: (PLEASE PRINT)

PHONE () -

BOX CPA
COMMISSIONER FOR PATENTS
WASHINGTON DC 20231-0001

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Initial Agency Acct. No. or
Postal Service Acct. No.

MICROTOOLS

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

